

## CLAIMS ONLY

Application Number

Application Number  
10686518

Filing Date

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend.	Indep	Depend
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
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44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
Total Indep			2			
Total Depend			8			
Total Claims			10			

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						